



EX PARTE EMERGENCY FAMILY LAW TEMPORARY ORDERS

GENERAL INFORMATION

In limited situations, where there is an emergency, the judge may grant a Temporary Order to be in effect only until the hearing in open court. **A Temporary Order is only issued to deal with an emergency that cannot wait until the normal hearing process. Local Rule 14.08(B)**

To obtain Domestic Violence Restraining Orders, you must complete an Application for Domestic Violence Restraining Order packet.

Use your existing family law court case number on all forms.

REQUIRED NOTICE

A party seeking an ex-parte order must notify all parties no later than 10:00 a.m. **the court day before** the ex-parte appearance, absent a showing of exceptional circumstances that justify a shorter time for notice. **Local Rule 14.08(D)**

The notice must be given in all cases unless it is established that there will be an immediate threat of danger or harm if the notice is given. This can be established only in rare cases.

- A.** The notification to the other party must be given before you file your documents with the court.
- B.** The notification must be given in person, by telephone, or by fax. If an attorney represents the other party, the notice must be given to that attorney.
- C.** These matters are heard **Monday through Friday, (excluding holidays) at 8:30 A.M.**
- D.** You must tell the other party the date, time and place of the Ex Parte (*Example: 07-31-12, at 8:30 A.M., at the William R. Ridgeway Family Court, Family Law Department 124*), to appear if he/she wishes to object to the temporary orders(s) you are requesting.



FILING FEE

A mandatory filing fee is required. The filing fee amount can be found at: <http://saccourt.ca.gov/indexes/fees-forms.aspx>

Acceptable payment types: Check, Cash, Cashier's Check, Money Order and Credit Card (*Visa, Mastercard, American Express*)

If you are unable to pay the filing fee, you may request a waiver of the fee by completing and filing the following forms:

FW-001 – Request to Waive Court Fees

FW-003 – Order on Court Fee Waiver

Fee Waiver packets are available upon request.

*If you are the Respondent and have not made your first appearance in this case, a first appearance fee is also due.

FORMS

FL-300 – Request for Order

MC-031 – Declaration (**optional**)

Local Form LP-604 – Declaration: Notice Upon Ex-Parte Applications For Orders

FL-305 – Temporary Orders

FL/E-ME-811 – Family Law Case Demographics Information Sheet for Child Custody/Visitation (**only if addressing Child Custody and/or Visitation**)

If you want an order establishing or modifying child and/or spousal support, the following packet may also be required for the actual RFO hearing:

FL-150 – Income & Expense Declaration

COPIES

Make **two (2) copies** of each of the above forms or **three (3) copies** if addressing child custody and/or visitation after you complete them (front & back).



FILING All forms must be typewritten or printed in blue or black ink.
(California Rules of Court, Rule 2.100-2.119)

Bring completed forms and copies to the department assigned to
your case number as listed below.

DEPARTMENT Ex parte's shall be noticed and heard in the appropriate
department as instructed below.

Department	Please use the last two (2) digits of your case number to determine the department.
120	03, 13, 23, 33, 43, 53, 63, 73 04, 14, 24, 34, 44, 54, 64, 74, 84
121	05, 15, 25, 35, 45, 55, 65, 75 06, 16, 26, 36, 46, 56, 66, 76, 86
122	01, 11, 21, 31, 41, 51, 61, 71 02, 12, 22, 32, 42, 52, 62, 72, 82
123	07, 17, 27, 37, 47, 57, 67, 77 08, 18, 28, 38, 48, 58, 68, 78, 88
124	09, 19, 29, 39, 49, 59, 69, 79 00, 10, 20, 30, 40, 50, 60, 70, 80
125	81, 83, 85, 87, 89 90, 91, 92, 93, 94, 95, 96, 97, 98 99

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:				
<table style="width: 100%;"> <tr> <td style="width: 33%;"> REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs </td> <td style="width: 33%;"> <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support </td> <td style="width: 33%;"> <input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify): </td> </tr> </table>	REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support	<input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify):	CASE NUMBER:
REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support	<input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify):		

1. TO (name):
2. A hearing on this *Request for Order* will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
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b. Address of court ☐ same as noted above ☐ other (specify):

3. Attachments to be served with this *Request for Order*:

- | | |
|---|---|
| a. A blank Responsive Declaration (form FL-320)
b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank Income and Expense Declaration | c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank Financial Statement (Simplified)
d. <input type="checkbox"/> Points and authorities
e. <input type="checkbox"/> Other (specify): |
|---|---|

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

☐ **COURT ORDER**

4. ☐ YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.
5. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):
6. Any responsive declaration must be served on or before (date):
7. The parties are ordered to attend mandatory custody services as follows:
8. ☐ You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. ☐ Other (specify):

Date: _____

JUDICIAL OFFICER

To the person who received this *Request for Order*: If you wish to respond to this *Request for Order*, you must file a *Responsive Declaration to Request for Order* (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the *Responsive Declaration to Request for Order* (form FL-320) or any other declaration including an *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155).

☐ **Petitioner** ☐ **Respondent** ☐ **Other Parent/Party** **requests the following orders:**

1. ☐ **CHILD CUSTODY** ☐ **To be ordered pending the hearing**

a. Child's name and age b. Legal custody to (name of person who makes decisions about health, education, etc.) c. Physical custody to (name of person with whom child will live)

d. ☐ As requested in form ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
☐ *Request for Child Abduction Prevention Orders* (form FL-312)
☐ *Children's Holiday Schedule Attachment* (form FL-341(C))
☐ *Additional Provisions—Physical Custody Attachment* (form FL-341(D))
☐ *Joint Legal Custody Attachment* (form FL-341(E))
☐ Other (Attachment 1d)

e. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

2. ☐ **CHILD VISITATION (PARENTING TIME)** ☐ **To be ordered pending the hearing**

a. As requested in: (1) ☐ Attachment 2a (2) ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
(3) ☐ Other *(specify)*:

b. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

c. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one.)* The orders are from the following court or courts *(specify county and state)*:

(1) ☐ Criminal: County/state: (3) ☐ Juvenile: County/state:
Case No. *(if known)*: Case No. *(if known)*:

(2) ☐ Family: County/state: (4) ☐ Other: County/state:
Case No. *(if known)*: Case No. *(if known)*:

3. ☐ **CHILD SUPPORT** *(An earnings assignment order may be issued.)*

a. Child's name and age b. ☐ I request support based on the child support guidelines c. Monthly amount requested (if not by guideline) \$

d. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

FL-300 [Rev. July 1, 2012]

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. ☐ SPOUSAL OR PARTNER SUPPORT (*An earnings assignment order may be issued.*)
- a. ☐ Amount requested (*monthly*): \$
- b. ☐ Terminate existing order
(1) filed on (*date*):
(2) ordering (*specify*):
- c. ☐ Modify existing order
(1) filed on (*date*):
(2) ordering (*specify*):
- d. ☐ The *Spousal or Partner Support Declaration Attachment* (form FL-157) is attached (*for modification of spousal or partner support after judgment only*)
- e. An *Income and Expense Declaration* (form FL-150) must be attached
5. ☐ ATTORNEY FEES AND COSTS are requested on *Request for Attorney Fees and Costs Order Attachment* (form FL-319) or a declaration that addresses the factors covered in that form. An *Income and Expense Declaration* (form FL-150) must be attached. A *Supporting Declaration for Attorney Fees and Costs Order Attachment* (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.
6. ☐ PROPERTY RESTRAINT ☐ **To be ordered pending the hearing**
- a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
☐ The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
- b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
- c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**
- a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (*specify*):
- b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
| | | |
8. ☐ OTHER RELIEF (*specify*):

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence)* (form DV-110), and *Notice of Court Hearing (Domestic Violence)* (form DV-109).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. ☐ **I request** that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. ☐ **FACTS IN SUPPORT** of orders requested and change of circumstances for any modification are (*specify*):
☐ Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

**DECLARATION
NOTICE UPON EX PARTE APPLICATION FOR ORDERS**

CASE NUMBER:

I, _____, declare:

1. I am ☐ counsel for ☐ Petitioner/Plaintiff ☐ Respondent/Defendant in this action.

2. Pursuant to Rule 14.13 of the Local Rules of Court I have informed _____

Name of person you notified

of this ex parte request by: *[Complete either (a), (b) or (c)]*

(a) Telephone call on _____ at _____ (a.m.)(p.m.)

Date

Time

(b) In Person on _____ at _____ (a.m.)(p.m.)

Date

Time

(c) Other *(Describe)*: _____

3. I told _____ I would be bringing this ex parte request to

Name of person you notified

William R. Ridgeway Family Law Relations Couthouse on _____

Date to appear

at _____

Time to appear

(a.m.)(p.m.) and that he/she will have to come to court at that time if he/she objects to this ex parte request.

4. I received the following response to above notice *(Describe)*:

5. I have not given notice of this application for ex parte orders for the following reason(s) indicated:

☐ Giving notice would frustrate the purpose of the order *(Explain in detail)*:☐ I will suffer immediate and irreparable injury if notice is given *(Explain in detail)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: _____

TYPE OR PRINT NAME_____
SIGNATURE OF DECLARANT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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TEMPORARY EMERGENCY COURT ORDERS**Attachment to Request for Order (FL-300)**

The court makes the following orders, which are effective immediately and until the hearing:

1. ☐ **PROPERTY RESTRAINT**

- a. ☐ Petitioner ☐ Respondent ☐ Claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
☐ The other party is to be notified of any proposed extraordinary expenditures, and an accounting of such is to be made to the court.
- b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
- c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

2. ☐ **PROPERTY CONTROL**

- a. ☐ Petitioner ☐ Respondent is given the exclusive temporary use, possession, and control of the following property that the parties own or are buying (*specify*):
- b. ☐ Petitioner ☐ Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

3. ☐ **MINOR CHILDREN**

- a. ☐ Petitioner ☐ Respondent will have the temporary physical custody, care, and control of the minor children of the parties ☐ subject to the other party's rights of visitation as follows:
- b. ☐ Petitioner ☐ Respondent must not remove the minor child or children of the parties
 (1) ☐ from the state of California.
 (2) ☐ from the following counties (*specify*):
 (3) ☐ other (*specify*):
- c. ☐ Child abduction prevention orders are attached (see form FL-341(B)).
- d. (1) Jurisdiction: This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
 (2) Notice and opportunity to be heard: The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
 (3) Country of habitual residence: The country of habitual residence of the child or children is
☐ the United States of America ☐ other (*specify*):
 (4) **Penalties for violating this order: If you violate this order, you may be subject to civil or criminal penalties or both.**

4. ☐ **OTHER ORDERS (*specify*):**

☐ Additional orders are listed on Attachment 4.

Date:

JUDGE OF THE SUPERIOR COURT

5. **The date of the court hearing is (*insert date when known*):****CLERK'S CERTIFICATE**

[SEAL]

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: _____

Family Court Services Number: _____

Petitioner's Information				Petitioner's Attorney Information			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Respondent's Information				Respondent's Attorney Information			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Court Case Number: _____

Family Court Services Number: _____

Claimant's Information				Claimant's Attorney Information (Third Party)			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Claimant's Information				Claimant's Attorney Information (Third Party)			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Minor's Counsel Attorney Information			
First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #			
City		State	Zip Code
Work Phone:	()		
Other Phone:	()		

Court Case Number: _____

Family Court Services Number: _____

1. List all children of the parties:

Name	Date of Birth	Age	School	Resides with

2. Please check all boxes that apply.

- a. Are you currently restrained by a Restraining Order or ever been restrained by a Restraining Order (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐
- b. Do you have a restraining order against the other party now (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐

3.

- a. Number of previous mediation appointments: None ☐
One ☐
Two ☐
Three ☐
Four or more ☐
- b. Do Petitioner/Respondent live 2-4 hours apart from each other? Yes ☐ No ☐
- c. Do Petitioner/Respondent live more than 4 hours apart from each other? Yes ☐ No ☐
- d. Is one or more of your children a Special Needs Child? Yes ☐ No ☐
- e. Has there been past non-compliance with a Court Order? Yes ☐ No ☐

4. Please note whether each or any of these issues are involved in your case:

- a. Custody Change Yes ☐ No ☐
- b. Domestic Violence Yes ☐ No ☐
- c. Substance Abuse Yes ☐ No ☐
- d. Mental Health Yes ☐ No ☐
- e. Current or Previous CPS Involvement Yes ☐ No ☐
- f. Child Physical/Sexual Abuse Yes ☐ No ☐
- g. Child Neglect Yes ☐ No ☐

5.

- a. Are you or the other parent planning on moving out of the area? Yes ☐ No ☐
- b. Does either parent pose a flight risk? Yes ☐ No ☐

Attach copies of your pay stubs for last two months (black out social security numbers).

- Family Code, §§ 2030–2032,
2100–2113, 3552, 3620–3634,
4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses. | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments. | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest. | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income. | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses.** \$ _____
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____
- Number of years in this business (specify): _____
- Name of business (specify): _____
- Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month
- | | |
|---|----------|
| a. Required union dues | \$ _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA). | \$ _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). | \$ _____ |
| d. Child support that I pay for children from other relationships. | \$ _____ |
| e. Spousal support that I pay by court order from a different marriage. | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ |

11. **Assets** Total
- | | |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*: